



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
EXAMINING BOARD OF PHYSICAL THERAPISTS AND ATHLETIC TRAINERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR ATHLETIC TRAINER LICENSURE INSTRUCTION SHEET

General Information

The application asks you to select whether you are applying by examination or reciprocity. Use this table to decide whether you must apply by examination or reciprocity.

IF you...	THEN apply by...
need to take the Board of Certification for the Athletic Trainer (BOC) exam	Examination.
hold a <i>current</i> license in another jurisdiction (state, D.C. or U.S. territory)	Reciprocity.
already have BOC certification but do <u>not</u> hold a <i>current</i> license in another jurisdiction	Examination.
previously held a Delaware Athletic Trainer license and that license expired between one and five years ago	Reinstatement

Requirements for *All* Applicants

- ☐ Submit completed, signed and notarized [Application for Athletic Trainer Licensure](#) to the Board office.
- ☐ Enclose [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Arrange for the Board office to receive an official transcript sent *directly* from the college or university to the Board office.
 - If you have recently graduated and a final degree is not yet available, arrange for the Board office to receive a letter from a school official stating that you have completed graduation requirements and the expected date of graduation. You must submit the official transcript showing the degree conferred and date as soon as it is available. No permanent license will be granted until the Board office receives the official transcript.
- ☐ Arrange for the Board office to receive a verification letter from the Board of Certification for the Athletic Trainer (BOC) sent directly from BOC to the Board office.
 - To obtain a verification letter, see the BOC [web site](#).
 - If you become certified after filing this application, arrange for the Board office to receive the verification when you become certified.
- ☐ If you have ever held a license in another jurisdiction, arrange for the Board office to receive verification of licensure from **each** jurisdiction where you have ever held a license, sent *directly* from the jurisdiction to the Board office.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Additional Requirements for Temporary License by Examination

If you have not taken the BOC examination, you may also apply for a temporary license to work in Delaware while awaiting your exam scores and BOC certification.

- You cannot apply for a temporary license without also applying for the permanent license by examination. Before applying for a temporary license, you must have a job and a supervising Physical Therapist or Athletic Trainer in Delaware.
- Delaware temporary licenses are valid only for work in Delaware.
- The Board office will issue your temporary license when it has received all required documentation other than verification of your BOC certification.
- While under temporary licensure, you must practice under the direct supervision of a Delaware-licensed Physical Therapist or Athletic Trainer. Section 1.2 of the Board's [Rules and Regulations](#) explains what direct supervision means.
- The temporary license is issued for three months. The Board must approve any extension of the temporary license.
- ***If you fail the BOC examination, the temporary license will expire immediately.***

To apply for a temporary license by examination, the following requirements apply in addition to the requirements listed above.

- ☐ Enclose the [temporary license fee](#) by check or money order made payable to "State of Delaware." This fee is in addition to the processing fee for the permanent license.
- ☐ Arrange for the Board office to receive a [Statement of Supervising Physical Therapist or Athletic Trainer](#) completed and signed by your supervising Physical Therapist or Athletic Trainer, sent directly to the Board office by supervisor.
- ☐ Arrange for the Board office to receive a letter directly from BOC stating that you are eligible to take the BOC examination.
 - For BOC contact information, see the [BOC web site](#).

Additional Requirement for Reinstatement Application

You may apply to reinstate a license within five years of its expiration date (Section 11.2 of the Board's [Rules and Regulations](#)). If the license has been lapsed over five years, you must reapply for licensure.

In addition to the requirements in the **Requirements for All Applicants** section above, the following requirement applies to reinstatement applications:

- ☐ Provide proof that you have completed 3.0 continuing education units (CEUs) during the previous 24 months.
 - CEUs are explained in Section 7.0 of the Board's [Rules and Regulations](#).



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APPLICATION FOR ATHLETIC TRAINER LICENSURE

TYPE OF APPLICATION

1. Check the item that describes your situation (check one):

- ☐ Examination – I have not taken the Board of Certification for the Athletic Trainer (BOC) examination.
- ☐ Examination – I already have BOC certification but I do not hold a *current* license in any jurisdiction. Skip to the IDENTIFYING AND CONTACT INFORMATION section.
- ☐ Reciprocity – I hold a *current* license in another jurisdiction. Skip to the IDENTIFYING AND CONTACT INFORMATION section.
- ☐ Reinstatement – I previously held a Delaware license that has lapsed less than five years ago. My Delaware license number was J3 - _____. Skip to the IDENTIFYING AND CONTACT INFORMATION section.

2. Are you applying for a Temporary license while awaiting your BOC exam scores and certification? Yes ☐ No ☐ If yes, enter the following information about your Delaware-licensed supervising Physical Therapist or Athletic Trainer:

Name: _____ Delaware License Number: J ____ - _____

Place of Employment: _____ Phone: _____

Arrange for the Board office to receive the following:

- [Statement of Supervising Physical Therapist or Athletic Trainer](#) completed and signed by your supervising Physical Therapist or Athletic Trainer, sent directly to the Board office by the supervisor
- Letter directly from the BOC stating that you are eligible to take the BOC examination

IDENTIFYING AND CONTACT INFORMATION

3. Full Name: _____
Last First Middle Maiden

4. Other Names Used: _____

5. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐

6. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐

- If yes, enter your SSN: _____
- If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

7. Mailing Address: _____

City

State

Zip

8. Phone: _____ Email: _____
daytime evening or cell

EDUCATION

9. Enter the following information about **each** college/university where you earned a degree in athletic training:

COLLEGE/UNIVERSITY	CITY, STATE/PROVINCE & COUNTRY	DATES ATTENDED		DEGREE OR CERTIFICATE
		From	To	

Arrange for the Board office to receive an official transcript sent **directly** from the college or university to the Board office.

CERTIFICATION AND LICENSURE HISTORY

10. Do you have BOC certification? Yes ☐ No ☐

Arrange for the Board office to receive a verification letter from the BOC sent directly from BOC to the Board office. If you become certified after filing this application, arrange for the Board office to receive the verification when you become certified.

11. Have you ever held a license to practice athletic training in another jurisdiction (state, U.S. territory or District of Columbia)? Yes ☐ No ☐ If yes, List **each** jurisdiction where you have ever held, a license. If you need more room, enclose a separate sheet.

JURISDICTION	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE

Arrange for a verification of licensure to be sent **directly** to the Board office from **each** jurisdiction listed.

DISCLOSURES

12. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ If yes, submit a certified copy of your criminal history record.
13. Has your license ever been revoked or suspended or has any other disciplinary action been taken by the authorities of another jurisdiction (including any state, D.C., U.S. territory or other country)? Yes ☐ No ☐ If yes, enclose a statement explaining fully. Include any relevant documents.
14. Is any complaint or disciplinary action pending against your license in any other jurisdiction? Yes ☐ No ☐ If yes, enclose a statement explaining fully. Include any relevant documents.
15. Has your application for a license or registration ever been refused or denied in any other jurisdiction? Yes ☐ No ☐ If yes, enclose a statement explaining fully. Include any relevant documents.

DUTY TO REPORT

16. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner *other than yourself* is (or may be) guilty of unprofessional conduct as defined in 24 Del. C. §1731 OR that he/she is (or may be):
- medically incompetent
 - mentally or physically unable to engage safely in the practice of medicine
 - excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730](#), [24 Del. C. §1731](#) and [24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes ☐ No ☐

17. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes ☐ No ☐

If Board review is required, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six months of filing may be considered abandoned and discarded.

Please note: When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

I certify that the information in this application is complete and true. I understand that the intentional inclusion of false or fraudulent information in this application, or the material omission of information which might have a bearing on licensure, may result in the denial of licensure and will be reported to the Attorney General for further action. I understand that the application fee is not refundable.

Signature of Applicant: _____ Date: _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2____.

Signature of Notary: _____

SEAL

My commission expires: _____

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE
REQUIRED FEE WILL BE REJECTED.**



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STATEMENT OF SUPERVISING PHYSICAL THERAPIST OR ATHLETIC TRAINER

INSTRUCTIONS

If an applicant for Physical Therapist, Physical Therapist Assistant or Athletic Trainer licensure meets specific requirements, the Delaware Board may issue a Temporary license to the applicant awaiting his or her permanent license. While practicing under a Temporary license, the applicant must be under **direct supervision**.

This form is required before the Board office can issue a Temporary license. The Delaware-licensed physical therapist (PT) or athletic trainer (AT) who will supervise the applicant completes, signs and submits the form *directly* to the Board office. The form's purpose is to document that the applicant has a supervising PT/AT and that the supervisor understands his or her responsibility. If the applicant has more than one supervising PT and/or AT, **each** supervisor must submit one of these forms.

The supervisor is responsible for the actions of the applicant under his/ her supervision and must document all supervision.

Direct supervision in connection with a PT or AT practicing under a temporary license means:

- A licensed PT or AT supervisor must be on the premises when the person with a temporary license is practicing.
- The supervisor must sign all evaluations and progress notes written by the person with a temporary license.

Direct supervision in relation to a PTA who has less than one year experience means a PT must be on the premises at all times and see each patient.

To read the complete rules on supervision, see Section 1.2 of the Board's Rules and Regulations.

Applicants are *not* allowed to begin practicing until the temporary license is issued. To look up the status of the temporary license online, go to www.dpr.delaware.gov and click Verify License Online.

APPLICANT INFORMATION

1. Applicant Name on Application: _____
Last/Family First Middle

2. Check type of license applied for: PT ☐ PTA ☐ AT ☐

SUPERVISOR INFORMATION

3. Supervisor's Name on License: _____
Last/Family First Middle

4. Delaware License Number: J _____ - _____

5. Address Where Supervision Will Occur: _____
Practice Name

Street City **DE** State Zip

I certify that I understand my responsibility to supervise the applicant named above and that I will do so in accordance with the rules above. I agree to promptly report to the Board office, in writing, if I cease to be the applicant's supervisor. I understand that the temporary license will expire **immediately** if the applicant fails the licensure examination.

Supervisor Signature: _____ **Date:** _____